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NOV 13 2009

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30438 7590 08/07/2009

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<i>Steven W. Smyrski</i>		(Depositor's name)
<i>SW S</i>		(Signature)
<i>9 November 2009</i>		(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/615,512	07/07/2003	Yung-Ho Chuang	KLAC0075	9347

TITLE OF INVENTION: INSPECTION SYSTEM USING SMALL CATAZOPOTRIC OBJECTIVE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	11/09/2009
EXAMINER	ART UNIT	CLASS-SUBCLASS			11/16/2009 CNGUYEN3 00000056 10615512	
FINEMAN, LEE A	2872	359-364000		01 FC:1501 02 FC:1504 03 FC:1501	1510.00 OP 300.00 OP 30.00 OP	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list					
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,					
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

KLA-Tencor Technologies, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Milpitas, California

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 10

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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 502026 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature *Steven W. Smyrski*

Typed or printed name *Steven W. Smyrski*

Date 9 November 2009

Registration No. 38,312

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